

10036008.122601

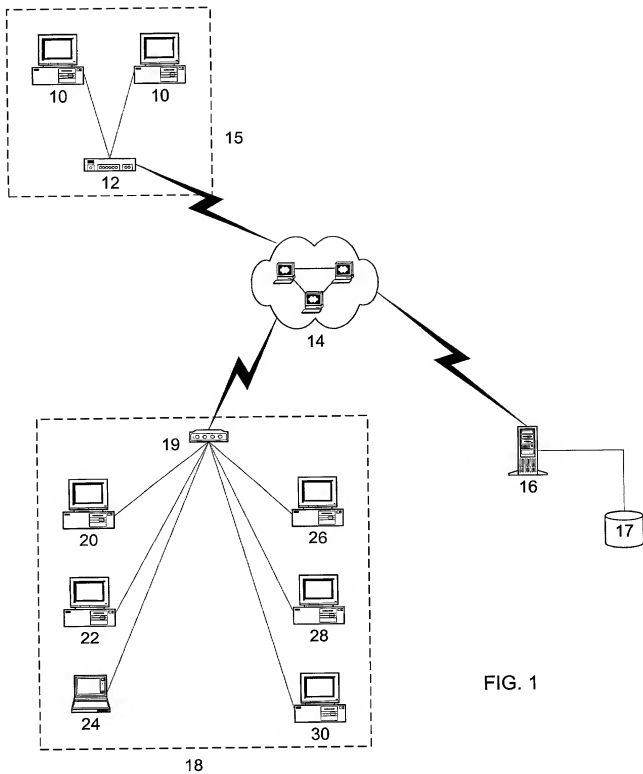


FIG. 1

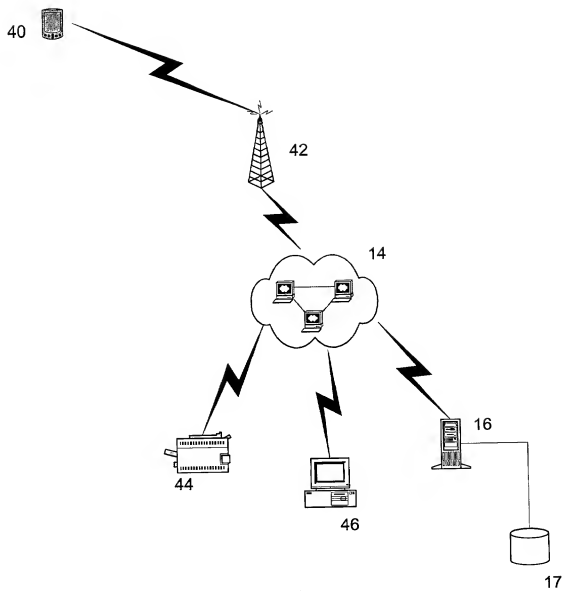


FIG. 2

FIG. 3

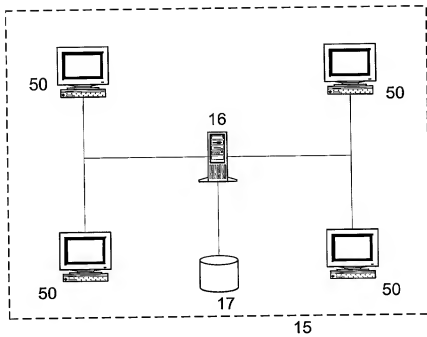


FIG. 4

VIPA Initial Consultation Data Entry

Patient Data

Please enter Patient Data below:

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
D.O.B.:	<input type="text"/>
Age:	<input type="text"/>
Race:	<input type="text" value="Hispanic"/>
PCP:	<input type="text"/>
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female
HPI History Obtained From:	<input checked="" type="radio"/> Family Member <input type="radio"/> Caregiver
Due To:	<input type="text" value="Pat Inability to Communicate"/>
HPI Dates:	<input type="text" value="To This Morning"/>

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FIG. 5

VIPA Initial Consultation Data Entry

Chief Complaint

Patient: John Smith
Physician: Dr. cardio

Date: 6/19/2001

[Chief Complaint](#)
[Findings/Diagnosis \(Referral\)](#)
[Review of Systems](#)
[Past Medical History](#)
[Past Surgical History](#)
[Family and Social History](#)
[Physical Examination](#)
[Diagnostic Database](#)
[Immunization](#)
[Recommendations](#)
[Patient Education](#)
[Level of Care](#)

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FIG. 6

VIPA Initial Consultation Data Entry

Chief Complaint

Patient: John Smith
Physician: Dr. cardio

Date: 6/19/2001

[Cough](#)
[Diaphoresis](#)
[Dizziness / Light Headness](#)
[Edema](#)
[Extremity Pain](#)
[Generalized Weakness/Fatigue](#)
[Flushing](#)
[Headache](#)
[Increase in Abdominal Girth](#)
[Syncope](#)
[Mucosal Changes](#)
[Numbness](#)
[Pain](#)
[Palpitations](#)
[Dyspnea](#)
[Skin color changes](#)
[Speech Impairment](#)
[Weakness Localized](#)
[Other](#)

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